	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/11/2023			
COLONOSCOPY CENTER, LANSDALE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE: 815 SUMNEYTOWN PIKE, SUITE 110 LANSDALE, PA 19446						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 0000	This report is the result of a State licensure survey conducted on July 11, 2023, at the Colonoscopy Center, Lansdale. It was determined the facility w not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.		scopy acility was f the s and s, Annex	S 0000					
S 331A				S 331A					
LABORATORY I	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE:	(X6) DATE:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER			A. BLDG: _00_		(X3) DATE SURV COMPLETED: 07/11/2023		
NAME OF PROVIDER OR SUPPLIER: COLONOSCOPY CENTER, LANSDALE, THE STATE LICENSE NUMBER: 24791501		STREET ADDRESS 815 SUMNEY LANSDALE,	TOWN PIK	IIP CODE: IE, SUITE 110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331A	Continued from page 1 553.31 (a) Administrative real A full time person in charge authority and responsibility all times. Qualifications, auduties of the person in charge statement adopted by the go. This REGULATION is not	e shall be appointed who for the operation of the thority, responsibilities a ge shall be defined in a voverning body.	ASF at and	S 331A	The Colonoscopy Center of Lansdale will correct deficie number 331A ensuring that fulltime person in charge sh appointed who has the authoresponsibility for the operation the ASF at all times. The facility administrator rest the regulation requirements ensuring that a fulltime persons be in charge and have the aurand responsibility for the operation of the center at all times. The administrator shall ensure compliance by documenting daily schedule which full time member is in charge and has authority and responsibility to operations of the center each. The staff member shall be maware of their responsibilitie center on any day that the far administrator is away from the center. This plan of correction to the governing at the next meeting planned in 7/18/2023. The facility administrator sharesponsible to review the daily	"a all be rity and ons of viewed of on must thority erations e facility on the ne staff the for the day. adde so for the cility he on shall board for all be	Completion Date: 07/18/2023 Status: APPROVED Date: 07/13/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/11/2023		
NAME OF PROVIDER OR SUPPLIER: COLONOSCOPY CENTER, LANSDALE, THE STATE LICENSE NUMBER: 24791501			STREET ADDRESS, 815 SUMNEY LANSDALE, I	TOWN PIK			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331A	Continued from page 2			S 331A	schedule on the first day of e work week to ensure that a fiperson in charge is documen the schedule and sign the both the schedule as verification. The plan of correction with reschanges to the daily schedule shall be immediate and complan of correction will be repthe governing board on 7/18,	ulltime ted on ttom of relation lule pleted ported to	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 07/11/2023	EY	
NAME OF PROVIDER OR SUPPLIER: COLONOSCOPY CENTER, LANSDALE, THE STATE LICENSE NUMBER: 24791501		STREET ADDRESS, 815 SUMNEY LANSDALE, I	TOWN PIK				
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 331A	Summary statement of deficiencies (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 3 Based on observation, review of facility document and interview with staff (EMP), it was determine the facility failed to ensure that a full-time person was in charge that had the authority and responsibility for the operation of the the Colonoscopy Center, Lansdale at all times. Findings include: Observation on July 6, 2023, at approximately 9: AM revealed the administrator for the Colonosco Center, Lansdale (EMP1), was in attendance at a survey that was conducted a tanother State licens Ambulatory Surgery Center. In an interview conducted on July 6, 2023, at approximately 9:00 AM with EMP1 revealed the DON (director of nursing) of the Colonoscopy Center, Lansdale was currently acting as the administrator in their absence. Review on July 11, 2023, of facility document "Tolonoscopy Center Staff Schedule, Year 2023,		tely 9:00 proscopy ce at a licensed at ed the opy he	S 331A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/11/2023	EY			
NAME OF PROVIDER OR SUPPLIER: COLONOSCOPY CENTER, LANSDALE, THE STATE LICENSE NUMBER: 24791501			STREET ADDRESS, CITY, STATE, ZIP CODE: 815 SUMNEYTOWN PIKE, SUITE 110 LANSDALE, PA 19446						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAT					
S 331A	DON was documented as "Off." In an interview conducted on July 11, 2023, at approximately 11:30 AM with EMP1 confirmed they were the administrator for the Colonoscopy Center, Lansdale. Further interview confirmed the DON was not working at the facility on July 6, 2023, in the capacity of the administrator, and confirmed a qualified staff member, who has authority and responsibility for the operation of the surgery center at all times, was not designated during the absence of EMP1.		irmed scopy med the ly 6, and as on of the	S 331A					
S 331B				S 331B					

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	MENT OF DEFICIENCIES AND OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SUR COMPLETED: A. BLDG:00 B. WING: 07/11/2023			D:				
NAME OF PROVIDER OR SUPPLIER: COLONOSCOPY CENTER, LANSDALE, THE STATE LICENSE NUMBER: 24791501		STREET ADDRESS, CITY, STATE, ZIP CODE: 815 SUMNEYTOWN PIKE, SUITE 110 LANSDALE, PA 19446						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 331B	Continued from page 5 553.31 (b) Administrative F 553.31 Management and Administrative Respon (b) Administrative controls shall be established to assure the orderly and eff This REGULATION is not	dministration of Operationsibilities e policies, procedures ard, documented and impledicient management of the	nd emented	S 331B	The Colonoscopy Center of Lansdale will correct deficie number 331B related to have written administrative policy ensuring that the Colonosco Center, Lansdale has a full-tenter person appointed who has the authority and responsibility operations of the ASF at all On 7/12/2023 the Colonosco Center of Lansdale and the management team met and rethe Nursing Services – Organ and Staffing policy (policy # The policy was updated to in the requirement that a fullting person in charge shall be applied who has the authority and responsibility for the operation that ASF at all times. The policy was updated to include that designated person in charge not have an assignment whill charge of the facility. The uppolicy was submitted to the governing body for review a approval. The facility adminant staff have been educated.	ency ing y ppy ime ne for the times. ppy reviewed inization #4001). include ine pointed, fon of licy was this shall le in pdated and instrator	Completion Date: 07/18/2023 Status: APPROVED Date: 07/13/2023	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	TIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED: 07/11/2023		Y.
COLONOS	VIDER OR SUPPLIER: SCOPY CENTER, LANSDA E NUMBER: 24791501	ALE, THE	815 SUMNEY LANSDALE,	TOWN PIK			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 331B	Continued from page 6			S 331B	updated policy and the admi will be responsible to ensure compliance with the updated by documenting on the daily schedule which full time star member is in charge and has authority and responsibility operations of the center each The facility administrator sh review the daily schedule on day of each work week to enthat a fulltime person in chard documented on the schedule sign the bottom of the schedule sign the bottom of the schedule refrication. The plan of correction in relative updated policy shall be conce the updated policy is ap by the governing board on 7/18/2023.	I policy Iff If the for the In day. If the first If	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED: A. BLDG:00 B. WING: 07/11/2023		EY			
NAME OF PROVIDER OR SUPPLIER: COLONOSCOPY CENTER, LANSDALE, THE STATE LICENSE NUMBER: 24791501			STREET ADDRESS, CITY, STATE, ZIP CODE: 815 SUMNEYTOWN PIKE, SUITE 110 LANSDALE, PA 19446						
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE			
S 331B	Continued from page 7 Based on review of facility documents and interwith staff (EMP), it was determined the facility to develop written administrative policies, to ensure the surgery center had a full time person appoint who has authority and responsibility for the operation of the ASF at all times. Findings include: Review on July 11, 2023,of facility document "J Description: Administrative Director" revealed "Assist in the establishment of policies and procedures, and standards for the ambulatory surgery center" A request was made on July 11, 2023, to EMP2 a written policy to ensure the surgery center had full time person appointed who has authority and responsibility for the operation of the ASF at all times. None provided.		eility failed to ensure opointed e ent "Job aled " ory MP2 for er had a ty and	S 331B					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/11/2023		
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S 331B	Continued from page 8 policy regarding the appointment of full time person appointed who has authority and responsibility for the operation of the ASF at all times.		S 331B				

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Certified End Page

COLONOSCOPY CENTER, LANSDALE, THE

STATE LICENSE NUMBER: 24791501 SURVEY EXIT DATE: 07/11/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY